

NAME OF PURCHASER:
NAME OF SPOUSE AND/OR ANY ADULT MEMBER OF THE FAMILY RESIDING WITH PURCHASER
WHO MAY BE DESIGNATED AS THE PARTY TO MAKE THE TRIP:
.
.

PURCHASER'S MAILING ADDRESS:
CITY:

NAME & ADDRESS OF BANK WHICH ADVANCE PAYMENT IS TO BE TRANSMITTED:
.

GOVERNMENT AGENCY:

PREMIUMS: THE BELOW MENTIONED PREMIUMS PROVIDE COVERAGE FOR A PERIOD OF ONE
YEAR FROM THE TIME THIS APPLICATION IS ACCEPTED BY THE COMPANY.

AGE
0-49 50-64 65-69
\$28. \$38.50 \$43.00

FIRST NAMED PERSON
NAME

ADDRESS

ADDITIONAL NAMED PERSONS

\$12.00 \$19.50 \$27.00

NAME AGE
ADDRESS

\$12.00 \$19.50 \$27.00

NAME AGE
ADDRESS

\$12.00 \$19.50 \$27.00

NAME AGE
ADDRESS

\$12.00 \$19.50 \$27.00

NAME AGE
ADDRESS

\$12.00 \$19.50 \$27.00

NAME AGE
ADDRESS

FAMILY PLAN / /

\$50.00 TOTAL COST

PLEASE X SQUARE IF THIS COVERAGE IS DESIRED.
USE ABOVE APPLICATION LINES BUT INSERT
RELATIONSHIP OF EACH NAMED PERSON IN
ADDITION TO NAME, ADDRESS AND AGE.

IN EVENT YOU WISH TO DECLARE ADDITIONAL NAMED PERSONS, CONTINUE ON SECOND
APPLICATION BLANK BUT OMIT SPACE DESIGNATED FOR 1ST NAMED PERSON.

CHECK OR MONEY ORDER MUST ACCOMPANY APPLICATION AND SHOULD BE MAILED TO

25X1A5a1

DATE OF ACCEPTANCE _____ ACCEPTED FOR THE COMPANY:
IF CERTIFICATE IS NOT RETURNED TO PURCHASER NUMBERED AND SIGNED WITHIN 30 DAYS
FROM DATE OF MAILING NOTIFY THE _____ IMMEDIATELY. 25X1A5a1